



## Nevada Board for the Regulation of Liquefied Petroleum Gas

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### Certificate of Competency (COC) Application

1. Read all instructions carefully. **The Board desires to provide courteous and timely service to all applicants. To maximize its efficiency and the level of service, the Board will process complete applications only.** A complete application includes all applicable supporting documents and fees. The Board will not act as your agent in gathering information or supporting documents necessary for the consideration of your COC application. Incomplete applications will be returned to you.
2. **Please type or print, and sign in blue ink, when completing this form.**
3. **Include the required application fees. Application fees are non-refundable.**

#### SECTION 1 – TYPE OF APPLICATION

- ☐ Application for a **new** COC or the **renewal** of a COC by submitting to the **exam(s)**.
- ☐ Application for the **renewal** of a COC by submitting **CEU's**. Application must be received in the Board office with proof of completion of 20 Board approved Continuing Education Units (CEU's) prior to April 30<sup>th</sup> of the year your COC expires.

#### SECTION 2 – TYPE OF COC REQUESTED

- ☐ Type 1 COC: A person who is engaged in the retail of LP-Gas.
- ☐ Type 2A COC: A person who is engaged in the delivery of LP-Gas exchange cylinders.
- ☐ Type 3A COC: A person who is engaged in the installation and repair of LP-Gas vapor piping, appliances and venting.
- ☐ Type 3B COC: A person who is engaged in the installation or repair of LP-Gas systems on recreational vehicles.
- ☐ Type 3C COC: A person who is engaged in the installation or repair of LP-Gas industrial facilities.
- ☐ Type 3D COC: A person who is engaged in the installation of LP-Gas vehicle fuel systems.
- ☐ Type 3E COC: A person who is engaged in activities relating to LP-Gas that the Board determines requires a Certificate of Competency.

#### SECTION 3 – QUALIFIED PERSON ENDORSEMENT

Would you like to take the exam to add a qualified person (QP) endorsement to your COC? ☐ Yes ☐ No

#### SECTION 4 – FEES

**Exam Application Fee:** A \$70 non-refundable application fee is required for each application for the COC **exam(s)** that is submitted to the Board. The application is valid for the administering of 3 separate COC exams within a 90 day period *and* the QP endorsement exam during the period your COC is valid.

**COC Certificate Fee:** A \$75 COC certificate fee will be accessed for the 3 year certificate that will be issued after successful completion of the exam(s) or verification of Board approved CEU's. This fee can be paid now or it will be billed after the requirements are met.

$$\frac{\text{_____}}{\text{(Exam application fee)}} + \frac{\text{_____}}{\text{(COC certificate fee)}} = \frac{\text{_____}}{\text{(AMOUNT ENCLOSED)}}$$

## **SECTION 5 – APPLICANT NAME AND ADDRESS**

**Applicant** Name: \_\_\_\_\_ COC #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street Address or P.O. Box)

\_\_\_\_\_  
(City) (State) (Zip)

Phone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

E-mail: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_ Endorsements: \_\_\_\_\_

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**Employer** Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (State) (Zip)

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

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Have you ever been issued a Certificate of Competency (or equivalent) in this or any other states?

☐ Yes ☐ No If so, who, under what name, when, and in what states. \_\_\_\_\_

## **SECTION 6 – SUBMITTAL OF BOARD APPROVED CEU's**

To renew your COC without submitting to the examination(s) you **must** provide proof of completion of a minimum of 20 CEU's from any course(s) approved by the Board. These CEU's **must** be completed between the period your COC was issued and April 30<sup>th</sup> of the year your COC expires.

List all Board approved courses you have successfully completed during the time frame listed above. You **must** attach copies of all certificates received upon completion of the courses. A list of the most current Board approved courses with the course ID can be obtained from the Boards website or by contacting the Board office.

DATE(S)	COURSE ID	COURSE TITLE	CEU's

(attach additional sheets if necessary)

TOTAL CEU's Completed

## **SECTION 7 – AFFIDAVIT AND AUTHORIZED SIGNATURE**

The applicant agrees that the information provided herein is true and accurate and understands that this application will be classified as a public record and will be available for inspection by the public.

**By:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
(Signature)

\_\_\_\_\_ **Date:** \_\_\_\_\_  
(Print Name)

### **FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE**

☐ ID Verified      Photo #: \_\_\_\_\_ Area: \_\_\_\_\_ COC #: \_\_\_\_\_

<b>Exam #1:</b>	Date: _____	COC Exam #: _____	Score: _____	<div style="border: 1px solid black; width: 60px; height: 25px; margin: 0 auto;"></div> <div style="text-align: center; font-size: small;">(TOTAL COC)</div>
		COC Exam #: _____	Score: _____	
		QP Exam #: _____	Score: _____	<div style="border: 1px solid black; width: 60px; height: 25px; margin: 0 auto;"></div> <div style="text-align: center; font-size: small;">(TOTAL QP)</div>

<b>Exam #2:</b>	Date: _____	COC Exam #: _____	Score: _____	<div style="border: 1px solid black; width: 60px; height: 25px; margin: 0 auto;"></div> <div style="text-align: center; font-size: small;">(TOTAL COC)</div>
		COC Exam #: _____	Score: _____	
		QP Exam #: _____	Score: _____	<div style="border: 1px solid black; width: 60px; height: 25px; margin: 0 auto;"></div> <div style="text-align: center; font-size: small;">(TOTAL QP)</div>

<b>Exam #3:</b>	Date: _____	COC Exam #: _____	Score: _____	<div style="border: 1px solid black; width: 60px; height: 25px; margin: 0 auto;"></div> <div style="text-align: center; font-size: small;">(TOTAL COC)</div>
		COC Exam #: _____	Score: _____	
		QP Exam #: _____	Score: _____	<div style="border: 1px solid black; width: 60px; height: 25px; margin: 0 auto;"></div> <div style="text-align: center; font-size: small;">(TOTAL QP)</div>

☐ CEU's Verified

Fee received: \_\_\_\_\_

Processed by: \_\_\_\_\_

